

The A

PATENT Customer No. 22,852

Attorney Docket No. 06530.0320

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

| In re Application of: |) | | |
|--|---------------------------------------|--|--|
| Adam L. COHEN et al. |) Group Art Unit No. 3739) | | |
| Application No. 10/765,842 |) Examiner: KASZTEJNA, MATTHEW) JOHN | | |
| Filing Date: January 29, 2004 |) Confirmation No. 2227 | | |
| For: ENDOSCOPIC CHANNEL CAP |) Confirmation No. 2337) | | |
| Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 | | | |
| Sir: | , | | |

TRANSMITTAL LETTER

We enclose an Amendment in reply to the Office Action mailed February 14, 2005. The additional claims fee is calculated as follows:

| | Claims Remaining After Amendment | | Highest Number Previously Paid | Present Extra | Rate | Additional Fee |
|---|----------------------------------|---|-----------------------------------|------------------|---------|-------------------|
| Total | 90 | - | 46 | 44 | x \$ 50 | \$ 2,200.00 |
| Indep. | 6 | • | 3 | 3 | x \$200 | 600.00 |
| ☐ First Presentation of Multiple Dep. Claim(s) +\$360 | | | | | | 0.00 |
| | \$ 2,800.00 | | | | | |
| Reduction by ½ if small entity | | | | | | |
| TOTAL | | | | | | |

- A fee of \$2,800.00 to cover the cost of the additional claims added by the Amendment is enclosed.
- A fee of \$180.00 to cover the Information Disclosure Statement Under 37 C.F.R. §1.97(c) is enclosed.
- A check for \$2,980.00 to cover the additional claims fee and IDS fee is enclosed.

Application No. 10/765,842 Attorney Docket No. 06530.0320 Transmittal Letter - May 13, 2005

Please grant any extensions of time required to enter the Amendment and charge any additional required fees to our Deposit Account No. 06-0916.

Dated: May 13, 2005

Michael W Ki

Reg. No. 51,880